

1046

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Yavapai State Arizona
District or Township Prescott or Village
City Prescott No. (If death occurred in a hospital or institution, give its NAME instead of street and number).

State File No. 458
Registered No. 31613

2. FULL NAME John J. Buckman
(a) Residence No. 311 So Montezuma St., Ward.
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year)
7. AGE 64 Years Months Days IF LESS than 1 day hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Laborer (b) General nature of industry, business or establishment in which employed (or employer) Common (c) Name of employer
9. BIRTHPLACE (city or town) No record (State or country) Kansas
10. NAME OF FATHER John J. Buckman
11. BIRTHPLACE OF FATHER No record (State or country) Kansas (city or town)
12. MAIDEN NAME OF MOTHER Sarah Russell
13. BIRTHPLACE OF MOTHER No record (State or country) Kansas (city or town)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feby 10-1927
17. I HEREBY CERTIFY That I attended deceased from July 15th 1927 that I last saw him alive on Feby 13th 1927 and that death occurred, on the date stated above, at 10:45 a.m. CAUSE OF DEATH* was as follows: Carcinoma - Metastatic from face to throat lungs & Colon
18. Where was disease contracted? If not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical (Signed) A. J. Rutherford M. D. 2/11 1927 (Address) Prescott
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14. Informant Mrs. John H Buckman (Address) Prescott Arizona
15. (Signature)
19. PLACE OF BURIAL, CREMATION OR REMOVAL Citizens Cem Prescott Arizona DATE OF BURIAL Feby 12-27
20. UNDERTAKER Lester Ruffner ADDRESS Prescott Ariz